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Bulletin No. 98-11F

M840

M840      Durable Medical Equipment (DME)

M840.1    Definition

Durable medical equipment (DME) is defined as equipment that will arrest, alleviate or retard a medical condition and is:

- primarily and customarily used to serve a medical purpose;
- lasting and able to withstand repeated use;
- generally not useful to a person in the absence of illness, injury or disability; and
- suitable for use in the home.

This definition is consistent with the Medicare definition and the Medicaid definition found at 42 CFR §440.70(b)(3).

M840.2    Eligibility for Care

Coverage for durable medical equipment is provided for beneficiaries of any age.

M840.3    Covered Services

Items of durable medical equipment that have been pre-approved for coverage are limited to:

- alternating pressure pumps and mattresses, gel and eggcrate mattresses, and decubitus care pads;
- ambulatory uterine monitoring devices;
- apnea monitors and related supplies and services;
- bathtub chairs and seats, including shower chairs and transfer benches;
- beds (hospital frame and mattress) and bed accessories for severe medical conditions, e.g., cardiac disease, chronic obstructive lung disease, spinal cord injuries including quadriplegia (Note: Craftomatic beds, oscillating/lounge beds, bed boards, ordinary mattresses, beds larger than single occupancy, tables and other bed accessories are not covered.);
- biostegenic stimulators;

M840.3    Covered Services (Continued)

- blood glucose monitors;
- blood pressure cuffs/machines (including stethoscopes) when prescribed for patients who require frequent monitoring for a specific disease and when used as an alternative to home health nursing visits;
- rental of electric breast pumps and supplies for mothers of premature or critically-ill newborns;
- canes, crutches, walkers;
- circulatory aids;
- commodes (including bed pans, urinal pans and raised toilet seats) when the beneficiary is unable to access typical bathroom facilities;
- continuous passive motion devices (CPM) for homebound beneficiaries who have received total knee replacements;
- cushions and invalid rings;
- diabetic equipment and supplies;
- digital electronic pacemaker monitor;
- external infusion pumps;
- heating pads/lights;
- lifts (hydraulic or electric, including one sling), if safe transfer between bed and a chair, wheelchair, or commode requires the assistance of more than one person;
- oxygen systems;
- portable sitz baths;

M840.3 Covered Services (Continued)

- protective helmets when the beneficiary is prone to falling (e.g. seizures, ataxia);
- repair of durable medical equipment including parts and labor;
- respiratory equipment, supplies and services;
- seat lift chairs when the beneficiary is unable to achieve a standing position without assistance;
- suction equipment;
- stethoscopes when acquisition is less costly than an alternative covered item or service;
- TENS/EMS units;
- traction equipment;
- vaporizers; and
- wheelchairs - see M841.

M840.4 Conditions for Coverage

A physician who is enrolled with Vermont Medicaid must provide sufficient information to document the medical necessity of the item being prescribed. The medical necessity test can be met when the item is necessary to avoid bed or chair confinement.

The prescribing physician must have examined the beneficiary within a reasonable time period and/or have sufficient knowledge of beneficiary's condition to prescribe, or recertify the need for DME.

Payment will be made for one primary piece of equipment except if a beneficiary with an electric wheelchair needs a manual wheelchair to meet a therapeutic objective, a manual chair may also be approved with prior authorization.

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M840.4     Conditions for Coverage (Continued)

Durable medical equipment must be suitable for use in the home.

Replacement of DME will be authorized when changing circumstances or conditions are sufficient to justify replacement with an item of different size or capacity, the useful lifetime has been reached, or when convincing evidence shows that replacement is necessary and appropriate.

M840.5     Prior Authorization Requirements

Many items of durable medical equipment are subject to prior authorization review but they are not specified here because they are unusually numerous and they change frequently due to product change, new product availability, and the department's need for utilization management.

M840.6     Non-Covered Services

Unless authorized for coverage via M108, items of durable equipment that are not covered include:

- adaptive drink containers/straw holders;
- bathroom scales;
- car seats;
- elevators and stair lifts;
- exercise equipment;
- exercise balls, weights, mats, and other equipment;
- equipment/supplies purchased for use in an institution such as a general hospital, mental hospital, psychiatric facility, nursing facility, or ICF/MR, as these costs are included in the facility's reimbursement rate;
- equipment prescribed for educational or vocational purposes;

M840.6     Non-Covered Services (Continued)

- equipment that is primarily hygienic in nature such as hand-held shower units;
- equipment that basically serves comfort or convenience functions for the beneficiary/caregiver;
- equipment used for environmental control or to enhance the environmental setting, e.g., air filters, conditioners, room/central humidifiers, vacuums, electric air cleaners;
- equipment and instruments intended for diagnostic purposes by health care specialists, or used within a hospital, or both;
- exercise equipment primarily for use within an institution, e.g., parallel bars;
- equipment that is precautionary in nature (e.g. medical alert bracelets, response systems);
- home modifications, including access ramps;
- household equipment and supplies such as hypo-allergenic bedding, ramps, switches, tableware, eating utensils;
- items used for cosmetic purposes such as wigs;
- mobile geriatric chairs;
- personal computers and printers;
- reachers;
- repair of rental equipment or equipment covered under warranty;
- rollabout chairs;
- telephone alert systems and telephone alarms;

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M840.6     Non-Covered Services (Continued)

- toys;
- two-wheeled motorized vehicles; and
- whirlpool pumps.

M840.7     Qualified Providers

DME providers must be licensed, registered and/or certified by the state (where appropriate) and must be enrolled with Vermont Medicaid.

DME providers are expected to maintain adequate and continuing service-support for Medicaid beneficiaries.

M840.8     Reimbursement

Reimbursement for durable medical equipment is described in the Provider Manual.

The department is the owner of all purchased equipment. Such equipment may not be resold. At the discretion of the commissioner or the commissioner's designee, durable medical equipment may be recovered for reuse or recycling when the original beneficiary no longer needs it. When serviceable equipment is no longer needed or appropriate for a beneficiary, the beneficiary should notify the department and request permission to dispose of the equipment.